



WATER OPERATOR RENEWAL

YOUR WATER OPERATOR CERTIFICATE EXPIRES 12-31-2005. THE RENEWAL FEE OF \$94.00 AND THIS DOCUMENT MUST BE POSTMARKED ON OR BEFORE 12-31-2005. IF YOU FAIL TO RENEW ON OR BEFORE THE EXPIRATION DATE YOU MAY RENEW WITHIN 30 DAYS AFTER EXPIRATION BY PAYING A \$25.00 LATE FEE IN ADDITION TO THE RENEWAL FEE. IF YOU DO NOT RENEW YOUR LICENSE BY THE EXPIRATION DATE, YOU MAY NOT CONTINUE TO PRACTICE. IF YOU CONTINUE TO PRACTICE YOU WILL BE SUBJECT TO AN ADMINISTRATIVE PENALTY OF \$10.00 PER DAY UP TO \$1,000.00.

CERTIFICATE # :

Name: _____

Address: _____

THREE YEAR RENEWAL

YOU MUST CHECK ✓ A BOX BELOW:

ACTIVE **\$94**

I DO NOT WISH
TO RENEW

C.E HOURS REQUIRED: 15

Make Payable to:
CREDENTIALING DIVISION
- SUBMIT FEE AND THIS
ENTIRE DOCUMENT

NAME & ADDRESS CHANGES: For name changes, you must submit a photocopy of marriage certificate, court order, etc.

ATTENTION Grade I, II, III or IV

If you are an Operator of a Community or Nontransient Noncommunity Water System Serving 3,300 or Fewer Persons

The credentialing fee for renewal of your water operator certificate will be paid for by a USEPA Grant. In order to have your fee paid you must complete the information below. WHEN YOU SUBMIT THIS COMPLETED APPLICATION, **DO NOT INCLUDE PAYMENT OF THE FEE.**

Name of Water System you Operate: _____ **Population Served:** _____

YOU MUST ANSWER THE FOLLOWING QUESTIONS: If you fail to answer these questions, your renewal will not be processed and will be returned to you as incomplete. These questions relate to the time period since the last renewal of your certificate or during the time period since initial certification in Nebraska if such occurred within the last three years:

1	Have you been convicted of a felony within the last three years?	
	If yes, what were you convicted of:	
	Date of Conviction:	
2	Has your license in any health care profession in another state been revoked, suspended, limited or disciplined in any manner?	

If you answered YES to either question, you must request the following documents be sent directly to this office: 1) Official Court Record, which includes charges and disposition and a letter from you explaining the circumstances of the conviction; 2) If your license in health care in another state has been revoked, suspended, limited or disciplined in any way, an official copy of the disciplinary action, including charges and disposition

NOTE: If you have any **criminal charges or certificate disciplinary actions pending** that result in conviction or certificate discipline, you are required to report such actions to this department within 30 days.

CONTINUING EDUCATION AFFIDAVIT – Water Operator

CONTINUING EDUCATION ATTENDED: You must have completed the requirement of **fifteen (15)** hours of continuing education for renewal of your certificate. These hours must have been completed between **01/01/03** and **12/31/05**. Hours earned prior to this date will not be acceptable; and hours earned in excess of this requirement may not be carried over for the next renewal. DO **NOT** COMPLETE THIS SECTION IF YOUR POST CARD SHOWS THAT YOU HAVE COMPLETED FIFTEEN (15) HOURS OR MORE OF CONTINUING EDUCATION.

IF YOUR PERSONAL FILE SHOWS THAT YOU HAVE MORE CONTINUING EDUCATION HOURS THAN SHOWN ON THE POST CARD, LIST BELOW ANY ADDITIONAL HOURS, AND SUBMIT DOCUMENTATION AS PROOF OF ATTENDANCE SUCH AS CERTIFICATE OF COMPLETION.

PROGRAM NAME	PROGRAM LOCATION (City, State)	PROVIDER	PROGRAM DATES (Month/Day/Year)	HOURS EARNED		
*Attach additional information if space above is inadequate				<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">TOTAL HOURS EARNED:</td> <td style="width: 50px; height: 20px;"></td> </tr> </table>	TOTAL HOURS EARNED:	
TOTAL HOURS EARNED:						

If you are employed by a public water system please provide us with the name of the water system and your work telephone number

Name of Public Water System _____

Work Telephone Number _____

YOU MUST COMPLETE THIS CERTIFYING INFORMATION: I hereby certify that the information on this application is correct to the best of my knowledge. _____

Signature

Date

(Social Security Number)*

(Telephone Number) optional

(E-mail Address) optional

*Mandated by Nebraska Child Support Law"